Complete and send this form, together with applicable fee(s), t

NSMITTAL

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (703) 746-4000

2/14/2	maintenance fee notifications. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address NIXON & VANDERHYE, PC 1100 N GLEBE ROAD 8TH FLOOR ARLINGTON, VA 22201-4714 FC:1501 1400.00 GP RADEMARK OF 15.00 GP RADEMARK OF 15.00 GP RADEMARK OF THE PROPERTY				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below. (Depositor's name)		
FC:1	1501 1400.00 BP RADEMARK OF						(Date)
8:07 <u>9</u> 1	APPLICATION NO. FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.	
	09/680,514	10/06/2000		Haruhiko Yokoi		249-118	9035
[APPLN. TYPE nonprovisional	SMALL ENTITY NO	ISSUE F		PUBLICATION FEE	TOTAL FEE(S) DUE \$1930 \$1400	DATE DUE 12/13/2004
٢	EXAMINER		\$1400 ART UNIT		CLASS-SUBCLASS	7 *1400	
L	SPECTOR, LORRAINE		1647		424-085100	_	
_	 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON TO PLEASE NOTE: Unless an assignee is identified below, no assignee recordation as set forth in 37 CFR 3.11. Completion of this form is NOTE. 			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. THE PATENT (print or type) data will appear on the patent. If an assignee is identified below, the document has been filed for T a substitute for filing an assignment.			
	(A) NAME OF ASSIGNEE Kyowa Hakko Kogyo, Co., Ltd., Tokyo				CE: (CITY and STATE OR C Japan	OUNTRY)	
F	Please check the appropriate	assignee category or categor	ries (will not be pr	inted on the p	patent): 🗖 Individual 🛂	Corporation or other private gr	roup entity Government
4	la. The following fee(s) are in the state of	nall entity discount permitte		Payment	in the amount of the fee(s) is by credit card. Form PTO-20		credit any overpayment, to copy of this form).
5	a. Applicant claims SM	from status indicated above AALL ENTITY status. See 3 s requested to apply the Issu	7 CFR 1.27.	b. Application Fee (if a	cant is no longer claiming SM	ALL ENTITY status. See 37 C	CFR 1.27(g)(2).
Ţ	NOTE: The Issue Fee and Pu	iblication Fee (if required) wirds of the United States Pate	all not be accepted	l trom anyon	e other than the applicant; a re	egistered attorney or agent; or the state of	he assignee or other party in
r	nterest as shown by the reco	axhadh	•				

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.